S. No. 2
M—8-43
5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35161

Primary Registration District No. 4074

Registrar's No. 183

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

(b) City or town RURAL #4 FARMINGTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCOIS

(c) City or town FARMINGTON R#4
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PETER COOK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 8 (Day) 1853 (Year)

8. AGE: Years 91 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace KNOXVILLE (City, town, or county) TENN. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SELF

FATHER
12. Name CHRISTPHOR COOK
13. Birthplace — (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARGRETT CROWLEY
15. Birthplace (City, town, or county) TENN. (State or foreign country)

16. (a) Informant SAM COOK
(b) Address FARMINGTON R#4

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation MARVIN CHAPEL

18. (c) Signature of funeral director C. J. Boyd
(b) Address Leadington Mo

19. (a) Oct 1 1944 (Date received local registrar) (b) Donald Coleman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25
year 1944 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 2, 1944, to 9-25, 1944
that I last saw him alive on 9-20 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumo-pneumonia	8 days
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. O. Keele (M. D. or other)
Address Leadington Date signed 10-2-44

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1144-4471

Date Filed 11-3-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. J. Sayer

Licensed Embalmer No. 1671

P. O. Address Wesleye Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.